

# Wisconsin Department of Regulation & Licensing

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## DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

### AFFIDAVIT RELATING TO ALTERNATIVE CARE FUND INVESTMENTS

Section RL 54.05, Wisconsin Administrative Code

I, \_\_\_\_\_, am an officer, a trustee who has been elected pursuant to sec. 157.062, Stats., or a certified public accountant acting on behalf of the cemetery authority listed below, and I hereby certify that \_\_\_\_\_, a cemetery authority, has care funds which it received for the sale of cemetery lots and has placed them in one or more of the following classes of alternative investments:

(For a full description of the classes of alternative investments see  
sec. RL 54.04 (1) (a), (b), (c), (d) and (e), Wis. Admin. Code)

Class of Alternative Investment (Check those that apply)	Market Balance of Each Each Class of Investment As of _____, 20____
<input type="checkbox"/> Corporate bonds or government instruments. See RL 54.04(1)(a)	\$ _____
<input type="checkbox"/> Utilities stocks. See RL 54.04(1)(b)	\$ _____
<input type="checkbox"/> Certificates of deposit. See RL 54.04(1)(c)	\$ _____
<input type="checkbox"/> Mutual Funds. See RL 54.04(1)(d)	\$ _____
<input type="checkbox"/> Other Investments. See RL 54.04(1)(e)	\$ _____

**NOTE: If you check "Other investments", the affidavit must be signed by a licensed investment advisor or a licensed securities broker.**

I also certify that each of the above-described investments is in compliance with the criteria relating to it, as stated in sec. RL 54.04(1)(a), (b), (c), (d) or (e), Wis. Admin. Code.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Person Signing Above

\_\_\_\_\_  
Title of Person Named at the Left

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Date Commission Expires